

Kentucky Soccer Association

10809 Oreland Mill Road
Louisville, KY 40229

AMATEUR PLAYER REGISTRATION FORM

PLAYER INSTRUCTIONS: Please complete the information requested in the shaded areas, including the date and your signature in the bottom segment of the form. (PLEASE PRINT CLEARLY)

Player's Last Name _____		Player's First Name _____		K _____
Address _____				Player ID - First letter of last name, birth Month (MM Format), Birth Day (DD Format), Birth Year (YY Format), First Letter of First Name. Ex: H122868P
City _____		State _____	Zip _____	
Home Phone (Include Area Code) _____		Work Phone (Include Area Code) _____	Cell Phone (Include Area Code) _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (MM/DD/YY) _____	Country of Birth _____	
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Intent to become a citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			

TEAM REPRESENTATIVE INSTRUCTIONS: Please complete all information in this segment, then sign and date the bottom segment of the form before sending to the State Registrar, enclosing the appropriate fees. State Code, League # and Team # will be assigned by State Registrar.

Code _____	Kentucky _____ State Association	
League# _____	League Name _____	
Team# _____	Team Name _____	
Team Representative Name (Last Name First) _____	Telephone _____	
Address of Team Representative _____	Alt. Telephone _____	
City _____	State _____	Zip _____

RELEASE AND DISCLAIMER

Soccer is a contact sport involving risk of serious injury, disability, or death. Not all risks are foreseeable. In consideration of being allowed to participate, I agree to release, waive and covenant not to sue United States Soccer Federation or affiliates on account of injury, death, or property damage alleged to be caused in whole or in part by affiliates' actions or omissions.
I HAVE READ THE RELEASE AND DISCLAIMER AND RECOGNIZED THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASSUME THE RISK.

Player's Signature _____	Date _____
Team Representative _____	Date _____
State Registrar _____	Date _____